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HYSTERECTOMY FOR PUERPERAL SEPTICÆMIA; SPECIMENS.*

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This first specimen to which I will refer is from a young woman, about twenty-five years of age, who had a miscarriage two weeks previous to the time I saw her. At that time she had become septic; the usual symptoms had developed and she was brought to the hospital in this condition. Her pulse was 125 to 130 and temperature from 103° to 104°. She was in a pretty bad state, and after studying her condition, I concluded that her only chance of life was the prompt removal of the source of the sepsis, by removing the sexual organs and preventing further infection. There was a large amount of discharge, the uterus was enlarged and the appendages adherent and apparently fluctuating. I believed that the woman was in such a condition that even if she were found not to have pus-tubes, the operation would be necessary in order to remove the uterus. I was the more induced to take this view on opening the abdomen: the tubes contained pus, the uterus was large and soft and the site of septic changes. I removed both the uterus and appendages in about the time, certainly not more than ten minutes more, that would have been required to do a double oöphorectomy. The patient did very well for the first four or five days. She had considerable cough when she came into the hospital, and on the fifth day after the operation, she developed a pneumonia. She had double pneumonia and died two weeks after the operation. There was complete consolidation of three out of the five lobes of the lungs and all who examined the specimens pronounced it to be not a case of septic pneumonia. The woman, barring the complication of the pneumonia, would have recovered from the operation and from her condition of extreme sepsis.

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In this case the uterus, on being opened, showed points of suppuration and contained a part of the sloughing placenta, which you can see *in situ*.

The second case came under my care ten days after a miscarriage. The previous case had been one of criminal abortion in an unmarried girl, the present case was in a married woman and it is uncertain how it was brought about. She was brought into the hospital and curetted soon after entering the ward by another member of the staff. There was some improvement in her condition for a day after the curettage; but at the end of this time she was transferred to the surgical wards for surgical treatment. At my examination, which was five or six days after the curettement, I found an exceedingly large uterus; the broad ligaments were involved but there was no evidence of pus-tubes; the site of the trouble was in the broad ligaments themselves. The operation showed this view to be correct; the broad ligaments were infiltrated and contained pus to the pelvic walls. In other words, there was present a condition which only occurs in the puerperal state —a pure cellulitis. This patient died very soon; the septic condition was very marked and she died of septicæmia.

These two cases represent two classes of conditions in the puerperal state which we are called upon to treat surgically. There is another class in which the uterus alone is involved and infection is limited to it; the ovaries and broad ligaments are not affected. I have never been called upon to operate upon a case of that character, and it is an open question in my mind how far operation would be justifiable. It seems evident that where pus is found in the broad ligaments, ovaries or tubes, the abdomen should be opened and the organs removed and, if the broad ligaments are involved, it is better to go on and remove the uterus with the appendages. If the suppuration is in the uterine wall, I am again very clear that the only thing to do is to remove the uterus. If there is a limitation of the abscess so that you could remove the portion affected, or open and drain it, the case would be different; but in cases like this, where the amount of pus was small and distributed among several spots in the uterine wall, you could not determine how far the suppuration extended, or how much to remove. Therefore, the only thing to do is to remove all the sources of septic infection. Where the inner surface of the uterus alone is affected, it is an open question whether or not operation is justifiable. It is hard to lay down any hard-and-fast rule; each case must be decided upon its own features and conditions: in the former class, curettement may do away with the source

of infection and will be sufficient; but, in cases as in this one, where the curettement is not followed by improvement and the case goes on with symptoms of septicæmia steadily increasing, it does seem that the woman should not be allowed to go to the inevitable end when you can do a hysterectomy in a short time and with comparatively little shock. If the curettement has not done good and the patient is evidently going to become a dying patient, it seems to me that as soon as we are convinced that this is the case we must resort to hysterectomy.

Both of my cases died. The first case was not dangerously septic after the operation, but died with pneumonia, an accidental complication. She would yet be living had this pneumonia not supervened and, as far as treatment of her septic condition is concerned, she was cured by the operation. I believe that in these cases where the broad ligaments are involved, with depots of pus in the ovaries or walls of the uterus, the operation affords worse results than where the pus is confined to the tubes themselves; because, in the latter case, the foci of infection can be cleaned out perfectly by an operation.

It seems certain that if these recommendations are carried out, a certain number of unnecessary operations will be done; cases that are dying, or cases in which curettement would have answered the purpose. I do not mean to say that this operation should be done promiscuously in these septic cases, but an expert should be given an opportunity to see them early so as to be able intelligently to determine upon any operation, whether major or minor. I believe that unless this safeguard is provided a great deal of harm may be done. There can be no doubt that there are a great number of cases of fatal sepsis occurring after abortions and I think that a legitimate attempt should be made to save at least a certain number of these cases. I believe in a few years that it will be done in the direction indicated by these remarks.

There is one other point in these cases of cellulitis, as observed in my own experience; cellulitis is a very rare condition except as a complication after abortion or labor. It never occurs except in the puerperal condition. Its course is rapid; the case rapidly gets well or soon dies. It never exists as a chronic condition. In such cases there are no adhesions in the abdominal cavity. It has been stated in certain cases that the Fallopian tubes are found with the fimbriated extremity patulous and that the pelvic condition is secondary to a former cellulitis; the proof that this is secondary being that the Fallopian tubes are open and not closed. I think that this is a fair representa-

tion of the position taken by the gentlemen who advance the view of cellulitis.

Now, I have here a very good specimen which shows just what I have been waiting to show for some time. Both of these tubes are patulous and from the open ends creamy pus can be pressed. If this case had recovered and these tubes had been examined after a few months, it would be thought that no infection could have taken place through the tubes, because the tubes were not closed; the adhesions that existed in this pelvis would have been pronounced as due to extension of the inflammation from a cellulitis—just such cases have been presented to us here as cases of cellulitis. Therefore, the mere fact that fimbriated ends are not closed and the tubes are patulous is not proof that the infection and sepsis has not entered the pelvic cavity through the tubes. On the contrary, experience proves, every day more and more, that these cases are all primarily due to infection through the tubes, and that these chronic cellulitis cases are all a myth. In other words it is perfectly possible for a pelvic inflammation to occur through the Fallopian tubes and for the tubes subsequently to appear perfectly healthy. The specimen before you demonstrates that possibility beyond a shadow of doubt.